# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 06, 2005 08:00 AM**
**Secretary of State**

DOCUMENT # P03000109143

1. Entity Name
NATIONAL POLLING & SURVEY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 592 WOODGATE CIRCLE<br>SUNRISE, FL 33326 | 592 WOODGATE CIRCLE<br>SUNRISE, FL 33326 |

DO NOT WRITE IN THIS SPACE

05252005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0408630
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BURNS, TIMOTHY J
592 WOODGATE CIRCLE
SUNRISE, FL 33326

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | BURNS, TIMOTHY J |
| STREET ADDRESS | 592 WOODGATE CIRCLE |
| CITY-ST-ZIP | SUNRISE, FL 33326 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000369127
06/06/05-80005-024 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Timothy J Burns, Pres 6/3/05 954-579-1184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #